



MORGAN HILL SPLASH AQUATICS REGISTRATION FORM

Last Name, First Name		Birthdate	Sex	Monthly Fee
PARENT 1				
PARENT 2				
SWIMMER # 1				
SWIMMER # 2				
SWIMMER # 3				
SWIMMER # 4				
TOTAL:				

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail: _____

Parent 1's Work Phone: _____ Cell: _____

Parent 2's Work Phone: _____ Cell: _____

If parents cannot be reached in case of illness or injury:

Name: _____ Phone: _____

Name: _____ Phone: _____

Primary Medical Insurance: _____ **Phone:** _____

Policy #: _____ Group #: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medical Conditions: _____

(please be specific) _____

Allergies: _____ Medications: _____

PICK UP AUTHORIZATION

How should your child's program departure be handled at the end of the day?

- ☐ My child is to be picked up ONLY by a parent
☐ My child can be picked up by authorized persons listed below

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

Print Name: _____ Signature: _____ Date: _____

Payment Options

Monthly Payment by Checking Account Automatic Withdrawal (CRC Members)

Initial Fees

First Month's payment:	\$ 75.00	X	# of swimmers	_____	=	_____
Prorate Fee:	\$ _____	X	# of swimmers	_____	=	_____
						Total: _____

Recurring Monthly Payment

Participant Fee:	\$ 75.00	X	# of swimmers	_____	=	_____
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Monthly Fee

Routing #: _____ Account # _____

First Draft Date: _____ (to be billed monthly following first draft date)

I authorize the City of Morgan Hill to deduct a monthly charge from my financial institution in the amount listed above. I agree to give 15 working days notice prior to my draft date, in writing, to cancel or make any changes to my credit card/ bank draft. I understand that if my bank draft is rejected, a \$25.00 service charge will be applied to my account. I also understand that if I do not cancel my membership within the 15 working days prior to my draft, my account will be drafted for the full amount and there will be no refund.

Member Signature: _____ Date: _____

Annual Payment (CRC Members Only)



Initial Fees

First Year's payment:	\$900	X	# of swimmers	_____	=	_____
Prorate Fee:	\$ _____	X	# of swimmers	_____	=	_____
						Total: _____

Summer ONLY Registration

Participant Fee:	\$350	X	# of swimmers	_____	=	_____
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Payment Information

☐ Cash ☐ Check # _____ ☐  ☐ 

Account # _____

Exp (MO/YR) _____

Signature: _____ Date: _____

Cancellation Policy

A fifteen (15) working day written notice is required prior to your draft date to stop the next bank draft. Any refund due to annual paying members will be made on a prorated basis. Refund checks will be mailed or the original credit card will be credited.

_____ I have read and understand the terms of the cancellation policy.